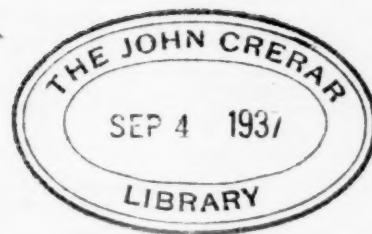


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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY



THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 2

August 1937

CHILD LABOR

FACING THE APPRENTICESHIP PROBLEM

BY CLARA M. BEYER, CHAIRMAN,
FEDERAL COMMITTEE ON APPRENTICE TRAINING

The work of the Federal Committee on Apprenticeship Training is receiving wide and increasing support from employers and from organized labor. The Committee, comprising representatives of the United States Office of Education, the United States Department of Labor, the National Recovery Administration, employers, and labor, was appointed by the Secretary of Labor in 1934. Created to permit and encourage sound apprenticeship under NRA codes and to safeguard labor standards, the Committee was continued after the NRA codes became inoperative. Employers and organized labor, convinced of its usefulness, wanted the Committee's work to go on. In the summer of 1935 the Committee was transferred to the National Youth Administration, a member from that agency replacing the NRA representative.

Why Apprenticeship Training Has Been Neglected

The apprenticeship situation which the Committee has faced is nothing short of chaotic. Except for the praiseworthy efforts of a few employers and trade unions, very little apprenticeship training is being conducted. There is practically none on a national scale. For example, the census for 1930 showed that year only 92,000 youths under the age of 25 who could by any stretch of the imagination be called apprentices, while some 750,000 other youths were employed in some capacity in the skilled trades. There were 66 journeymen in the trade to each apprentice. And in 1936 the United States Office

of Education reported 37,000 apprentices and estimated 126 journeymen to each apprentice.

One reason for the widespread neglect to train skilled workers was the large influx of skilled workers from abroad, which had relieved employers of the necessity of seriously considering training skilled workers for their industries. Our immigration from 1911 through 1936 included more than 1,670,000 skilled workers, about three-quarters of them coming by 1924. The immigration laws of 1924 practically closed the gates on immigration; and the emigration of skilled workers from 1932 to 1936 exceeded their immigration by 22,600. But the habit of looking abroad for skilled workers was not easily changed, and during the depression, when unemployed skilled workers were available in large numbers, apprenticeship was almost entirely suspended.

Neglect of apprenticeship training resulted also from the common belief that the automatic machine would make—and was making—the skilled worker unnecessary. It was not fair to ask young people to devote 2 to 6 years to training that would prove useless shortly after the apprenticeship was over. The young people themselves, sensing the current feeling about the future of the skilled trades, were apathetic to apprenticeship training. But highly complicated machines take highly skilled men to operate them and official figures show an increase—both numerically and in proportion to the total working population—

in the demand for skilled workers over the past 3 decades. And in the depression the skilled worker more frequently held his job or could secure and adapt himself to another one.

Present and Future Needs

However, an apprenticeship program depends upon factual information concerning the actual or prospective "shortage" of skilled labor. A number of employers not only are warning of an impending shortage, but are maintaining that a shortage already exists. The employee organizations are inclined to discount these statements, pointing to their own unemployed members to disprove them. The Federal Committee has made an informal study of the problem therefore and has arrived at the conclusion that both the employers and the employee organizations are right in their contentions. The conflict of opinion, we are convinced, comes from the widely diverging points of view as to what constitutes a "skilled workman." The employers who are stating that there is a shortage of skilled labor seem to mean a shortage of workmen who are skilled to the point of being "experts." On the other hand, there are undoubtedly "skilled" unemployed workmen who would need additional training or experience in the technical and related aspects of the trade to meet the employers' requirements. The only way to be assured of the facts concerning possible shortage or surplus of skilled labor at any time is through an occupational survey constantly kept up to date.

The problem facing the Committee involved more than determining the number of apprentices needed and placing new apprentices under agreement. Thousands of young persons already employed in the trades were not journeymen, but were not serving an apprenticeship. The Committee needed to explore the desire of these young workers to become skilled workers and their response to an apprenticeship training before proceeding to the problem of indenturing newcomers.

Basic Standards for Apprenticeship

The Committee views apprenticeship as training through carefully planned work—experience on the job, supplemented by related school experience. It should begin no earlier than the age of 16 and preferably at 17 or 18. It should be preceded by schooling at least to the last 2 years of high school. It should be all-round training to give

understanding of the entire industry and all of its processes—not merely training in a single operation on one kind of machine, or in one shop. It should continue for not less than 2 years, and normally for 4 to 5 years. In certain instances it may profitably run to 6 years. The schooling should be related to the particular apprenticeship needs of the industry. The blacksmiths', bricklayers', or printers' apprentices would not be in the same class, but their class work—like their shop work—would be planned to fit their requirements.

The apprentice should be indentured and the contract should specify the length of time to be spent on each process. Labor standards must be checked at every turn of the road, since industry is set up for profits, not for training. For example, the apprentice's working time must include the hours spent in school if we are not to work the apprentice longer hours than we work the adult.

To assure proper standards requires the cooperation of employers and of labor. They have the practical knowledge of labor standards and can help to enforce them in the apprenticeship. They are the ones cooperatively to determine how many apprentices should be trained for the industry, so as to relate intake to the prospective demand for skilled workers in any given industry. They can determine how the apprentices are to be trained and can see to it that the training meets their practical requirements. They can cooperate in selecting apprentices. They can uphold standards through collective bargaining, for difficulties evaporate when both sides sit around the table and "talk it out."

Development of the Program Through Cooperation of Trade Groups and State Agencies

From the beginning the Committee has felt that its work depends upon the cooperation of the employer and employee groups and of the State agencies interested in problems related to apprenticeship. Its first job was promotional. It has built up cooperating State apprenticeship committees in 44 States. The State Committees usually comprise representatives of management and labor, the National Youth Administration, the State Department of Labor, the State Employment Service, and the State Department of Vocational Education. These agencies promote apprenticeship in the State under standards recommended by the Federal Committee, and assist

the local committees in working out the details of their apprenticeship systems.

The local committees administer the actual apprenticeship systems. They decide, with the approval of the State committee, upon such matters as the need for apprentices, the ratio of apprentices to journeymen, the minimum age for beginning the apprenticeship, the hours of work, the scale of wages, and the amount of related instruction. Some 1,200 of these local committees are now functioning.

Development of National Standards

The cooperation of employer and employee groups has been similarly built up. The Federal Committee's field men and the cooperating State apprentice committees have done their work through direct contact with the employer and employee groups, who have the final word on establishing standards of apprenticeship for their trades. One of the most promising developments has been the creation of "national standards." National trade groups—employer and employee—in conjunction with the Federal Committee work out their common aims in apprenticeship, and devise uniform national apprenticeship standards to guide the industry in setting up local apprenticeship systems.

The first agreement of this kind between national trade groups in the history of the United States is embodied in the National Plumbing Standards. It declares the attitude of the trade towards apprenticeship and makes recommendations to the local trade groups on methods to be used in working out their apprenticeship systems. These plumbing standards have met with widespread and favorable reaction. As a result the painting industry has adopted similar standards, and leaders in other trades have requested the Federal Committee for assistance in working out standards for their industries.

The success of these standards depends, of course, on the extent to which they are put into operation in the various cities of the country. They are not simply glorified resolutions, for the plumbing industry has set up local apprenticeship committees to put these standards into operation in 53 cities, representing every section of the nation.

Legislative Developments

Developing State interest in apprenticeship resulted in a recommendation from the Third Na-

tional Conference on Labor Legislation, held in 1936, that the Secretary of Labor appoint a committee to draft suggested standards for incorporation in State apprenticeship legislation. The committee appointed in accordance with this recommendation drafted a State voluntary apprenticeship bill. The proposed law sets up a "State apprenticeship council" within the State labor department.

Arkansas has passed the measure as drafted. Wisconsin and Oregon already have modern apprenticeship legislation. Other States are pushing strongly for similar laws. Pending the adoption of a law Indiana has worked out an "Indiana plan" through its Commissioner of Labor. The Indiana plan sets up an apprenticeship council under the Commissioner of Labor and follows closely the standards recommended by the Federal Committee and by the drafting committee appointed by the Secretary of Labor.

The standards essential for apprenticeship set up by the Committee in cooperation with outstanding management and labor organizations and with hundreds of individual authorities, are: that the apprentice must be indentured; that the contract specify the trade processes to be learned by the apprentice, with the length of time to be spent on each process, so that the apprentice is assured of thorough preparation in all the branches of the trade; that there be provision for related school instruction with courses and number of weekly hours specified; that there be a progressively increasing scale of wages, based upon a percentage of the journeyman's wage for the trade; that the contract specify the working conditions, including hours, wages, term of apprenticeship; that there be third-party approval of agreements; that management and labor be jointly responsible; and that there be a written agreement between the employer and the apprentice (or his parents or guardian if he is a minor) covering the other standards referred to above.

The President, in 1936, requested the transfer of the Committee on Apprentice Training from the National Youth Administration to the Department of Labor, suggesting that an appropriation to cover this activity be included in the Department's budget. The Subcommittee on Appropriations of the House of Representatives, although approving the promotion of labor standards in apprenticeship recommended special legislation by Congress.

Thereupon Representative Fitzgerald of Connecticut, Former Deputy Labor Commissioner of that State, in order to provide a permanent national approach to labor standards, introduced a bill to make the Committee on Apprentice Training permanent and to place it within the Department of Labor. The House and Senate passed the Fitzgerald Bill and, with the President's signature, the Committee is now ready to carry forward its work with assurance and greater vitality.

CHILD-LABOR LEGISLATION IN 1937

The upward trend in State child-labor standards, which was stimulated by the national minimum standards temporarily set under the NRA codes, has continued. A survey of legislation affecting child labor and compulsory school attendance enacted during 1937 up to the end of July indicates that definite advance has been made. Wisconsin passed legislation intended to curb some of the disadvantages to newspaper carriers and sellers inherent in the so-called "little-merchant system" used by publishers and news agencies in the distribution and sale of newspapers and magazines. North Carolina entirely revised its child-labor law, adopting standards which place it among the States with the best child-labor laws. A number of other States improved age and hour standards. In some instances this legislation regulating hours of work marks the first provision covering both boys and girls 16 and 17 years of age to be enacted in the State.

Some of the major advances which have marked the 1937 sessions are here summarized briefly.

Minimum Age and Employment Certificates

Two States adopted a 16-year minimum age, bringing up to 10 the number of States that have a basic standard equivalent to that set by the NRA codes. North Carolina and South Carolina both adopted a minimum age of 16 for factory employment at any time and for any work during school hours. For employment in nonfactory and nonmechanical work outside school hours in North Carolina, a minimum age of 14 is fixed and employment certificates are required to 18 instead of to 16 years. The South Carolina law set no minimum age for store or

The Federal Committee's chief aim is to bring about uniformity in the training of apprentices. Then when the apprenticeship period is completed, there will be no question of the workers' ability to perform well any kind of work in the trade. All skilled workers will be actually and thoroughly skilled. But to achieve this result the program of promoting and coordinating apprentice training must go forward; and this is the program of the Federal Committee on Apprentice Training.

other nonfactory and nonprohibited employment outside school hours. Vermont, which had a 14-year minimum age for employment in factories, fixed this standard for work in any gainful occupation during school hours, thereby establishing for the first time in that State a minimum age for stores and other nonfactory work, although such minimum applies only during school hours. *N.C., Laws 1937, p. 1119; S.C., Laws 1937, Act 574; Vt., Laws 1937, p. 308.*

Compulsory School Attendance

Pennsylvania and South Carolina amended their compulsory school attendance requirements so as to accord with the 16-year minimum age established in these two States for full-time employment during school hours; South Carolina raised the upper age limit for compulsory school attendance from 14 to 16, and Pennsylvania from 16 to 17 in the 1938-39 school year and 18 thereafter. Oklahoma passed a law requiring attendance of children of compulsory-school age for the entire term instead of for only two-thirds of the term and reduced from 8 to 7 years the age at which children are required to enter school. The Massachusetts Legislature authorized an investigation to be made relative to raising the age limit for compulsory school attendance. *Pa., Laws 1937, P.L. 1731 Act 478; S.C., Laws 1937, Act 607; Okla., Laws 1937, p. 507; Mass., Laws 1937, ch. 65.*

Hours of Work

Some advance was made in regulating hours of work for both minors under 16 and minors 16 years of age and over. North Carolina became the second State to establish a 40-hour week for minors under 16 in the occupations in which children under 16

are not prohibited from working; it already had an 8-hour day for minors under 16. This State also established a 9-hour day, 48-hour week for minors 16 and 17, this being the first legislation setting maximum hours for minors over 16 of both sexes in this State. Vermont reduced its 10½-hour day and 56-hour week for minors of 16 and 17 in factories to 9 hours a day, 50 hours a week, with exemptions. In New Hampshire the 10½-hour day, 54-hour week for females and for minors under 18 in manual and mechanical labor in factories was reduced to 10 hours a day, 48 hours a week. Ohio extended its 8-hour day, 48-hour week for boys under 16 and girls under 18 in factories and other specified industrial and commercial occupations to boys under 18 and girls under 21 and in improving its standard of hours for women established a 45-hour week in manufacturing for all females. New York extended its 8-hour day, 48-hour week, 6-day week for boys 16 and 17 and for girls 16 and over to hotels and restaurants, although some exemptions are permitted. Night work is also prohibited in these employments. South Carolina in raising its minimum age to 16 in factories extended the night-work prohibition, which had formerly applied only in factories, to minors under 16 in all other occupations except agriculture and domestic service, work being prohibited between 8 p.m. and 5 a.m. Working-hour standards for females were improved in a number of States. *N.C., Laws 1937, p. 1119; Vt., Laws 1937, p. 253; N.H., Laws 1937, p. 49; Ohio, Laws 1937, p. 477; N.Y., Laws 1937, ch. 282; S.C., Laws 1937, Act 574; Conn., Laws 1937, ch. 153.*

Hazardous Occupations

The new North Carolina child-labor law prohibits the employment of minors under 18 in specified hazardous occupations and gives authority to the Labor Commissioner to prohibit other hazardous occupations for such minors. Connecticut raised the minimum age for work in specified hazardous employments from 16 to 18. In Indiana the minimum age for employment of boys in coal mines was raised from 16 to 18. *N.C., Laws 1937, p. 1119; Conn., Laws 1937, p. 327; Indiana, Laws 1937, p. 521.*

Street Trades

With recent years the so-called "little merchant system" has been increasingly used by publishers and news agencies in selling and distributing newspapers, displacing the former prevalent

practice of employing boys or other persons for delivery purposes. The new system results in a number of disadvantages to the boys. The boy is required to enter into a contract for the distribution of the newspapers, under conditions therein set forth. Avoidance of responsibility under workmen's compensation laws in case the child is injured is usually sought through careful wording of these contracts, effort being made to avoid all appearance of an employer-employee relationship necessary for the application of these laws. Legal title to the paper passes to the child; the bad debts of customers are, therefore, shifted to him. In effect the boy is made, so far as possible, an independent contractor.

Wisconsin this year dealt with this growing problem by legislation. It amended its workmen's compensation law to provide that persons selling or distributing newspapers or magazines are employees under that act. Such person is deemed an employee of the agency or the publisher whose magazines or papers he sells or distributes, unless the agency or publisher can prove affirmatively that at the time of the injury the employee was not employed with actual or constructive knowledge of such employment. This State also revised the street-trade regulations in its child-labor law so as to provide expressly that any person selling or distributing newspapers or magazines is an employee and that the agency or publisher for whom he distributes or sells is his employer for the purposes of the act. Standards for work in street trades are raised in this act, the minimum age of 13 is set for boys instead of 12, badges are required for boys up to 18 instead of 17, and the employer is required to obtain work permits for the boys. Hours and night work are regulated, and the time spent by the boy in collections or solicitations is to be counted as part of his working hours. North Carolina likewise improved its standards for street-trades work, fixing a 14-year minimum age with exemptions, requiring certificates for boys up to 18 instead of 16, and improving the hours-of-labor standards. *Wis., Laws 1937, chs. 162 and 401; N.C., Laws 1937, p. 1119.*

Compensation for Minors Under Workmen's

Compensation Acts

Continued progress was made in extending workmen's compensation to minors injured while illegally

employed, 15 States now having such legislation. Florida was added to this list this year. It amended its workmen's compensation act to provide double compensation for such minors. Indiana, in passing a new act providing compensation for persons suffering from occupational diseases, required extra compensation for minors who on the last day of exposure were illegally employed, on the same basis as it already provided extra compensation in

case of accident. Pennsylvania in revising its workmen's compensation act has provided that compensation, in the case of a minor whose disability shall continue after he reaches 21 years of age, shall be based on the earnings that he probably would have earned at his majority, if he had not been disabled. *Fla., Laws 1937, A 393; Ind., Laws 1937, P. 205; Pa., Laws 1937, Pamphlet Laws 935, Act 323.*

PROGRESS IN REGULATING INDUSTRIAL HOME WORK

The year 1937 has been a noteworthy one for progress in the legal regulation of industrial home work and for advances in the direction of eliminating the industrial home work system.

Five States--Connecticut, Illinois, Massachusetts, Pennsylvania, and Texas--have enacted industrial home work legislation this year. The new Texas law represents the first attempt of that State to deal with the industrial home work problem. The new laws of Illinois, Massachusetts, and Pennsylvania make great advances over previously existing regulation in these States; and in Connecticut an amendment was passed supplementary to the basic advance in home-work legislation made by this State in 1935. Except in Illinois, the minimum age for industrial home workers set by these States is the same as that established for factory employment. In Connecticut it is 16; in Massachusetts, 14; in Pennsylvania, 16; and in Texas, 15. In Illinois, however, the minimum age

for work in industrial home work is 16, while that for work in factories is still 14.

In the field of administration as well as in legislation notable progress is being made. In June 1937 the Secretary of Labor called a conference in Washington of administrators of industrial home work laws. It was attended by representatives of eight States. The conference dealt with the methods of handling problems of administration, especially those arising under the new type of home-work legislation which prohibits the distribution of certain types of products for processing by home workers and which authorizes prohibition of industrial home work on other products by administrative regulation. The group also discussed interstate distribution of goods for the performance of industrial home work, a practice which appears to be increasing as prohibitory laws and regulations go into effect.



BOOK AND PERIODICAL NOTES

(Child Labor)

North Carolina reviews trend in child employment (Raleigh, 156 pp.) gives figures on employment certificates issued to children under 16 from 1922-23 over a period of years. In 1922-23, 9,700 certificates were issued, of which 6,081 were for employment in the textile industry. In the depression year 1931-32, the number fell to 1,146 (840 for textile factories). The number of employment certificates rose in 1932-33 as business improved, to 2,547 (2,105 textile). With the introduction of code standards the number of employment certificates dropped to 505 in 1933-34, and, of these, 248 were for part-time employment under code regulation, and only 62 (issued before the textile code went into effect) for employment in textile factories.

The present report includes for the first time figures for the post-NRA year July 1, 1935, to June 30, 1936. This shows a total of 716 employment certificates issued, of which 156 were for employment in textile factories. The Commissioner of Labor comments that although "the majority of employers throughout the State are maintaining the standards set up by the codes and are not employing children, there are employers who, as soon as the legal barrier was removed, employed children 14 and 15 years of age for full-time and permanent jobs."

* * * * *

CONTROL OF CHILD LABOR, by Bryant Putney. *Editorial Research Reports*, vol. 1, no. 20 (May 1937), pp. 387-404.

The entire May number of *Editorial Research Reports* is given over to this summary of the various aspects of the child-labor question, grouped under four heads: New effort for Federal child-labor ban; extent and character of child labor; employment of children in agriculture; regulation of child labor by States. The material is brought up to date and includes an account of the hearings before the Senate Interstate Commerce Committee on May 18, 1937.

TO SAFEGUARD THE WELFARE OF APPRENTICES; Hearings before a subcommittee of the Committee on Labor, House of Representatives, 75th Congress, First Session on H.R. 6205, April 22, 23, and 26, 1937. Government Printing Office, Washington 1937. 109 pp.

A description of the work of the Federal Committee on Apprenticeship Training was given by William F. Patterson at the hearing. A statement by Richard E. Brown, Deputy Executive Director of the National Youth Administration is also included.

This bill was passed by the House of Representatives in June and by the Senate early in August.

VOCATIONAL GUIDANCE THROUGHOUT THE WORLD; a comparative survey, by Franklin J. Keller and Morris Viteles. W.W. Norton & Co., 70 Fifth Ave., New York, 1937. 575 pp. \$4.

Information on vocational-guidance methods and accomplishments in 17 countries, including the United States, has been assembled by the authors and organized in this volume in a way to facilitate comparisons and bring out developments characteristic of particular countries. Chapters 8 and 9 discuss the use of psychological methods in vocational guidance and in the analysis of the individual. The final chapter compares the vocational-guidance work in the various countries.

The appendix contains 38 exhibits of specific tests to measure mental aptitudes and manual dexterity, many of them illustrated by diagrams.

HANDBOOK OF VOCATIONAL GUIDANCE; secondary and public schools, by C.A. Oakley and Angus Macrae, University of London Press, 10 Warwick Lane, London, E.C.4, 1937. 337 pp. 10s. 6d., net.

The authors are senior members of the staff of the National Institute of Industrial Psychology and approach the subject of vocational guidance from the psychological side. In the course of preparing this book they interviewed the officers of more than 80 organizations, discussing with them the qualities most necessary for success in various vocations. There is a chapter on test material and another on the technique of the vocational guidance examination. Nearly 200 pages are devoted to an extensive survey of occupations, with detailed descriptions of the requirements for entering each as established in England.

MIGRANTS AND THEIR PROBLEMS

REPORT ON SOCIAL PROBLEMS OF MIGRANTS AND THEIR FAMILIES SUMMARIZED

On July 3, 1937, the Secretary of Labor transmitted to the United States Senate a preliminary report on the migration of workers in the United States. This study was made in accordance with a resolution (S.R. 298) adopted by the Senate on June 18, 1936.

The findings of the part of the study conducted by the Bureau of Labor Statistics are summarized in *Monthly Labor Review* for July 1937.¹

The author of the article, N. A. Tolles, states:

In order to attack ... distress among migrants and ... discrimination against the migrant, it is important to know who the migrants are, why they migrate, approximately how many there are, and how successful they are in obtaining remunerative employment. These subjects were the chief concern of the Bureau of Labor Statistics in preparing material for the Secretary's report, and they are the chief concern of this article.

The findings of the part of the study for which the Children's Bureau is responsible may be summarized as follows:

Extent of Problem

No adequate statistical measure of the extent of migration in the areas studied is available. In comparison with conditions prevailing at the height of the depression, particularly before the Federal Transient Service was established, the numbers are undoubtedly reduced. There is, of course, a concentration of migration problems in certain areas and during certain seasons of the year. A considerable proportion of the total migration involves family groups that include young children. The numbers involved and the conditions surrounding migration are such as to make adequate social planning indispensable.

Community Attitudes

The migrant and his family tend to be isolated from the normal activities of the community because of the circumstances of their lives and community attitudes of indifference or prejudice. They frequently stay on the outskirts of the town or at some distance from the corporate limits of the community. They seldom if ever go to town to

trade, to attend church, or to take part in community activities.

Deterrent measures were undertaken in certain States and in a number of communities, ranging from posting of signs in conspicuous places announcing that there was no relief for migrants to establishment of patrols on State borders. In a number of communities vagrancy ordinances were strictly enforced and all unattached men found on the streets without visible means of subsistence were arrested. Little or no distinction was made between migrants honestly in search of employment and undesirable vagrants. Following arrest, migrants were frequently escorted out of town by the law-enforcing agencies. Thus the migrant in search of employment had little opportunity to obtain work, since he was forced to keep moving.

Living Conditions

The migrants were found in general to be traveling and living under deplorable conditions. Families were generally crowded into old cars or trucks that had been fitted out with canvas covering, overloaded with varying amounts of household goods. Many of them camped along the roadside, perhaps near an irrigation ditch, a billboard, or a clump of trees. Some stayed in squatter camps. Others stopped at low-rent tourist camps. The unattached men usually stayed in the cheaper hotels, rooming houses, and congregate shelters established by public and private agencies, or made use of the jungles.

Living quarters for the seasonal agricultural laborers were to a large extent furnished by the growers. Whether families were camping out or were living at low-rent tourist camps or in houses furnished by the growers, the living conditions could be characterized as inadequate for protection against unfavorable weather conditions. Many lived in tents without flooring or screening or in cabins of very flimsy construction. A number of the adults and children were obviously suffering from exposure. Overcrowding was serious. In many cases a family, sometimes numbering 8 or 10 persons, was living in one small tent or cabin.

¹ A Survey of Labor Migration Between States, *Monthly Labor Review*, vol. 45, no. 1, pp. 3-16.

Standards of sanitation varied but were frequently unsatisfactory. The supply of water for drinking was often of doubtful origin or had to be carried and stored. Toilet and bathing facilities were often insufficient in number or too poorly kept to meet acceptable standards of decency.

Medical Care and Health Protection

Medical care was given as a rule only in case of serious emergencies, and sometimes lack of facilities for prompt consideration of applications for relief caused delay in affording care for persons who were very seriously ill. Preventive health services were not usually extended to the migrant group. Treatment for venereal disease usually was not available, and opportunities for giving physical examination to persons suffering from venereal disease were extremely limited. Sometimes the jail was the only place where such an examination was given to nonresidents. Lack of health services for mothers and young children was especially serious. The general lack of medical care and health protection constituted a menace to community as well as to individual health.

Education of the Children

Educational opportunities were lacking or extremely limited for the children of thousands of migrant families. Many of the children in families of agricultural migrant workers were out of school for long periods of time and when they did attend, frequent shifting from school to school made consistent progress very difficult. Children who were old enough to work in the fields were expected to do so, as parents felt the need of adding every cent possible to the family income, and often the parents did not consider it worth while to enroll the younger children in school when they were to be in a locality only a short time. Moreover, when books and supplies were not furnished by the schools, parents frequently could not stretch family funds to include expenditures for such purposes. School authorities were often lax in enforcing the school-attendance regulations for children in migratory families because of the educational problems which these children present. In a few districts visited, notably in California, school authorities were interested in the welfare of migrant children and were making an effort to provide educational opportunities. In most districts, however, little attention was paid to them.

Relief

No accurate or complete measure of the extent of the need of relief for migrants was possible owing to limitations in the amount of information available. However, the findings, though incomplete from a statistical point of view, do indicate the existence of a definite problem of sufficient size to merit attention. Because of lack of funds, public and private agencies in a number of communities are taking definite steps to discourage migrants from applying for assistance. Many who are in actual need do not have an opportunity to register or even to make their needs known. Hence a large number of the migrants who are in need of aid may not even be known to social agencies.

Lack of uniformity in settlement laws, the long periods required to obtain settlement in some States, and the possibility that settlement in one community may be lost before it is acquired in another community, operate to the great disadvantage of migrants.

Only 4 of the 20 States included in the field study had set up any definite program to provide relief and service to interstate migrants or to other migrants moving about within the State. In 2 of these 4 States the program was extremely limited and was available only because funds remained from the liquidation grants of the Federal transient program. In States having no State relief program the counties usually provided no public funds for relief to migrants except the cost of emergency medical care. Lack of funds to provide adequately for the resident relief load has intensified the attitude that relief to migrants, if given at all, should be given only on the basis of urgent need for emergency care.

A few communities have provided definite programs of relief to migrants under the auspices of the private agencies, but the curtailed budgets of these agencies have so limited this program that it has reached only the most urgent needs through the granting of very meager material relief, such as food and shelter.

Families, young persons, unattached women, and sick and aged unattached men, are the four groups of nonresident persons who generally have been accepted as those to whom preference should be given in granting emergency relief. The un-

attached able-bodied man has been given consideration in very few communities except for shelter care. Community policies regarding the type of service and aid provided were generally very restrictive. They provided only temporary emergen-

cy food and shelter for family groups; overnight shelter with one or two meals for unattached persons; medical care for ill or injured persons; services incident to establishing legal settlements; and transportation for return home.



Resettlement Administration Photograph

READING NOTES

Among recent surveys and reports dealing with the problem of transients and migrants are the following:

NEWCOMERS AND NOMADS IN CALIFORNIA, by William T. Cross and Dorothy E. Cross. Stanford University Press, Stanford University, Calif., 1937. 149 pp.

A 1-day census taken September 1, 1933, by the California Emergency Relief Administration showed that there were 54,297 transients in California who had been in the State less than 12 months. Transients who had been in the State more than 12 months numbered 46,877. The reports from 12 counties showed that 59 percent of the transients were men, 23 percent were women and girls, and 18 percent were boys.

Steps toward the solution of the transient problem in California are suggested by the authors.

AFTER FIVE YEARS; the unsolved problem of the transient unemployed, 1932-37. Committee on Care of Transient and Homeless, 1270 Sixth Ave., New York, May 1937. 12 pp. 10 cents.

THE MIGRATORY-CASUAL WORKER, by John N. Webb. Research Monograph VII, Works Progress Administration. Washington, 1937. 128 pp.

A SURVEY OF TRANSIENT AND HOMELESS POPULATION IN TWELVE CITIES, SEPTEMBER 1935 AND SEPTEMBER 1936. Works Progress Administration. Washington 1937. 52 pp.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

REPORT OF DIRECTOR OF CRIPPLED CHILDREN'S DIVISION OF THE CHILDREN'S BUREAU AS OF JUNE 1, 1937

By April 1, 1937, State plans for services for crippled children had been approved for 42 States, Alaska, Hawaii, and the District of Columbia.

By May 21, 1937, every State had designated an official agency for administering these services. The question of what State agency was best equipped to conduct them was considered by 1937 legislatures in many States, and in some the services were transferred from one agency to another. In Maryland the responsibility for the services was transferred from the board of State aid and charities to the State department of health, and in Tennessee the State commission for crippled children's services was placed under the supervision of the State department of public health. In Arizona, Washington, and West Virginia new departments of public welfare, public assistance, or social security were created, which took over the functions of the old departments of welfare, including services for crippled children. Summary of State plans in operation June 1, 1937, showed the program administered in 19 States by the department of health; in 13, by the department of welfare; in 7, by a crippled children's commission; in 4, by the department of education; in 1, by a university hospital; and in 1, by an interdepartmental committee.¹

In several States laws passed in 1937 defined more clearly the responsibilities of the State agency for services for crippled children.

Thirty-five States have sent in preliminary reports showing the number of crippled children

on the State register, and the number of crippled children thus registered totaled 91,000 on April 1, 1937. Other States planned to report after the names on their registers had been compared with names on other records. The Children's Bureau has prepared an outline for recording the type of crippling conditions, based on the Standard Classified Nomenclature of Disease.² The use of this outline by the State agencies should contribute to the obtaining of more definite and comparable information on the incidence of the various types of crippling conditions. A form for use in the State registration of crippled children has been prepared and will be issued in the near future for optional use in the States.

The State plans for the fiscal year 1937 and preliminary reports show an increase in the total number of diagnostic clinics held and in the number of such clinics held in areas not previously served, and indicate effort to provide services on a State-wide basis. There is a tendency for clinics to be used not only for diagnostic service, but also for reexamination of children needing continued medical supervision, and for certain treatment, such as physical therapy, application of casts, and adjustment of braces.

Additional State, Federal, and private funds were made available in Tennessee, Mississippi, Virginia, and Alabama, in the summer and fall of 1936, by means of which immediate examination and treatment could be given to children who were stricken during the poliomyelitis epidemic. These special projects were organized to provide as quickly as possible special diagnostic services, physical therapy, and nursing care for these children. Orthopedic surgeons examined the children, and public-health nurses with physical-therapy training visited them in their own homes to carry out the instructions of the surgeon. Hospitalization was provided for special cases which could

¹ Laws have been enacted, to be effective by July 1, 1937, authorizing transfer of the responsibility for services for crippled children, as follows: Georgia, responsibility transferred from State department of public health to State department of public welfare; Montana, State orthopedic commission abolished and responsibility transferred to State department of public welfare; South Dakota, responsibility transferred from State public-welfare commission to State board of health.

In the 6 States whose plans had not been approved by June 1, 1937, the crippled children's agency has been designated as follows: Connecticut, Delaware, Louisiana, Nevada, State department of health; Arkansas and Oregon, State department of public welfare.

²Standard Nomenclature of Disease. Edited by H. B. Logie, M.D. Commonwealth Fund, New York, 1935. 870 pp.

not be treated in the child's own home. Appliances were provided by the official State agency. These projects demonstrate the value of immediate diagnosis and treatment in the prevention of crippling following poliomyelitis. During the epidemic the United States Public Health Service conducted a demonstration of preventive measures in these areas.

Current reports continue to show that the majority of children accepted for care by the State agencies are those suffering from orthopedic conditions. More complete figures on the number of children affected by each type of crippling condition are needed before policies can be formulated in regard to the extension or contraction of services.

The recommendations of the Advisory Committee on Services for Crippled Children and of the State and Territorial health officers have been of great value to the State agencies in establishing and maintaining adequate standards for medical and hospital care. During the year there has been a decided increase in the number of hospitals approved by official agencies, with a resulting decentralization of hospital care. The approval of hospitals located in different parts of the State makes it possible to provide hospital service nearer the child's own home.

Hospital charges have been under continuous review by the State agencies during the year and revisions in charges have been made in the light of experience. It has been possible in many instances to arrange, in a manner acceptable to the professional groups involved, for payment on a flat-rate basis, to cover the cost of all hospital services except surgeons' fees and the cost of appliances. Further revisions will undoubtedly be made as longer experience shows more clearly the factors involved, such as the types of cases referred for treatment, the actual cost of ward care, and the financial responsibility assumed by the hospital.

The Children's Bureau has started a study of the intake procedures and discharge policies of hospitals and convalescent institutions where crippled children are cared for, which will provide information to be used in later studies.

Charges involving payments for professional services are also undergoing continuous study and

revision by the State agencies in consultation with technical advisory groups. In adjusting such charges consideration is given on the one hand to the types of cases referred for treatment, the responsibility involved, and the requirements as to professional certification, and on the other hand to the State's responsibility for the efficient administration of limited public funds intended to provide care for large numbers of crippled children whose parents cannot afford to pay for needed services.

The recommendations of the Advisory Committee on Services for Crippled Children and of the State and Territorial health officers have also been of great value in the organization of the State agencies and in the selection of qualified staff. The necessity for medical direction is increasingly recognized as indispensable for the development of a well-balanced program and for the safeguarding of the quality of service to be given. When the State agency is not directed by a physician the need for providing active medical assistance on the technical phases of the program is evident.

Administrative officials realize that the conduct of these services requires technically qualified persons—the physician, the orthopedic surgeon, the nurse, the medical social worker, and the physical therapist. With a wide variety of administrative agencies, it has been interesting to see the methods by which effective working relationships are established among the different types of workers in the program. As the State plans have been put into practice during the year and as services have been extended, the role of each type of worker in the program has become more clearly defined.

The year's experience has also clarified the relationship of the social-security program to the programs of other agencies and organizations engaged in services for crippled children.

State agencies are recognizing that local services are extended most satisfactorily through a system by which maximum advantage is taken of the services of local public-health nurses and local social workers. The State crippled children's agencies are offering such local workers consultation service and staff education through State and district workers with special orthopedic training. The local workers throughout the State

are thereby better equipped to give service to crippled children before and after surgical and hospital care.

A system of reporting the number of crippled children registered and the services rendered them was put into operation for the quarter July 1 to September 30, 1936. The fact that some States had had no central reporting system and that the program of services was being rapidly extended made it difficult to get complete data at the start. Reports so far sent in indicate that there will be available in the near future more reliable information concerning the numbers of crippled children and the services being provided for their care than has ever previously been assembled in the United States.


From the start the activities reports from the State agencies gave information that was valuable in planning for services for crippled children.

In certain States the State agency was able to report during this period only on the services for crippled children for which it was administratively responsible. If services provided in close relationship with the State program but not administered by the State agency had been included (as is being done to an increasing extent through cooperative reporting arrangements) a much larger volume of service would have been shown than in these first reports from the States.

The Children's Bureau Advisory Committee on Services for Crippled Children held its second meeting with the Bureau October 9 and 10, 1936. The committee at this meeting recommended that children whose chief disability is incurable blindness, deafness, or mental defect or whose abnormalities require permanent custodial care should be considered beyond the scope of the program. With regard to administration the committee recommended: (1) That the program should be extended to all children up to 21 years of age who are found to be in need of such service and who are

unable to obtain it otherwise (where statutory provision to include all children up to 21 years of age is necessary the committee urged that action be taken), (2) that after the first year of operation each official State agency should have on its staff at least a full-time administrator with proper clerical assistance, and (3) that agreements should be worked out between States to insure the use of public funds for the care of crippled children regardless of the duration of their residence in a State. With regard to professional standards the committee recommended: (1) That State agencies should use orthopedic surgeons and other specialists certified by the national boards conducting examinations for certification in the respective specialties, (2) that standards recommended for physical therapists and medical social workers by their respective national organizations should be used, (3) that the National Organization for Public Health Nursing should be requested to submit recommendations for qualifications for nurses in the field program. The committee submitted minimum standards for hospital care of crippled children and suggested that the State agencies endeavor to obtain from each hospital a flat rate to include all necessary services with the exception of surgeons' fees and appliances.

At its third meeting, April 7, 1937, the Advisory Committee on Services for Crippled Children reaffirmed and amplified its previous recommendations concerning the qualifications of surgeons and other trained personnel, recognizing at the same time the difficulties that confront State agencies in obtaining competent personnel for sparsely settled areas. The committee recommended that the State agencies in reporting crippling conditions use the classification of types of crippling prepared by the Children's Bureau. The Committee reviewed and approved the preliminary studies made by the Children's Bureau concerning fee schedules, hospital rates, and other charges and made suggestions as to future studies.



A NORTH CAROLINA COUNTY AS SEEN BY THE CHILD-WELFARE WORKER

Ed. Note.-- Condensed from a report by a worker assigned by the State Board of Charities and Public Welfare to a county under the Child-Welfare Services program.

To the casual observer X County does not present many child-welfare problems. But the individual who understands more thoroughly the home life, school life, church life, and other inter-relationships of the children and their families gets an entirely different picture. The following analysis of the 10 townships comprising it was made after a survey of the county to become acquainted with its physical outline, various industries, types of people, and social, moral, and economic make-up.

1. This township is a farming section which in the past 10 years has deteriorated from a progressive farming community to a very poor section. The type of family living there has deteriorated as a result. Many elderly persons who are totally dependent are known to the welfare department. There is no congested area. Irregular school attendance seems to be the major problem.

2. A few families who live on islands surrounded by swamps compose this township. Most of the families are endeavoring to rehabilitate themselves through the resettlement program.

3. This township is a small and prosperous farming section. There appear to be very few social problems of any kind. School attendance will need some attention.

4. This is a thickly settled farming region. It has many landowners and a very good school. Formerly a bootlegging section of ill-repute, this township has developed into a wholesome, unified community. As it is densely settled there are probably many social problems.

5. A progressive, broad-minded community, this township is known as a tobacco and peanut center. School attendance is a big problem. The major one is that of juvenile delinquency among the colored children. There are many dependent families among the colored population who have no resources and are employed by the day wherever they can find work. Large families are typical.

There is great need for medical care. The community seems to be disturbed by a great deal of petty thievery among colored and white juveniles and by constant begging on the streets.

6. School attendance is the only problem of importance in this township. It is a very good farming section, few families being dependent on public relief.

7. This low, swampy rural area runs parallel to the river, and is known as a "malarial section." Most of the residents are white, but are poverty-stricken and ignorant. They are not industrious, and do not have much ambition for their children or for the upbuilding of their family life. Here we find the illegitimacy problem dominant. There are many neglected children, and school attendance is given little thought.

8. This business community is a tobacco center with many churches and schools. The citizens are anxious that juvenile delinquency among the colored children be given attention.

9. This small community is characterized by families who have resided here from generation to generation and cling to traditional ideas and customs. School attendance is the chief problem.

10. A very thickly populated farming section makes up the tenth township. It has many landowners and tenants. School attendance is poor in this community.

Considering the county as a whole there is a rich field for a child-welfare program, especially in the rural sections. Through voluntary work by interested citizens many adjustments for underprivileged children have been made. However, there is a need for skilled case-work treatment in order that the adjustments may be permanent and more satisfactory.

The survey revealed the school-attendance problem as a very grave one. There are children 11, 12, 13, and 14 years of age who have not advanced higher than the second or third grade. This is due to poor attendance, which may be attributed to some extent to circumstances in the homes.

There is a lack of recreational facilities in the county. There are no playgrounds except the school grounds and there is no park or recreational center with organized and supervised play activities.

Extensive medical care is needed. There are many children handicapped by physical defects—many in need of orthopedic work, many afflicted with defective eyesight, many with congenital syphilis.

The dependent child, the neglected child, the child whose environment is not so wholesome as it should be, demand attention. A paramount need now is for a licensed boarding home.

The people of X County have a high degree of social consciousness. They are keenly aware of the social problems existing among the children and are anxious that they be solved. Their interest and cooperation serve as a basis for real social planning in the community. So far the response on the part of those who have knowledge of the program has been fine.

The program of child-welfare services for X County is already well under way. A child-welfare advisory committee has been appointed, and a filing and record system is being set up. The program has been explained to interested citizens by means of form letters and community gatherings. A plan of treatment has been started for juvenile delinquents who are on probation or who are awaiting institutional care, and those suffering from social diseases are receiving medical care.

An effort is being made to have the blind children taken to Raleigh for the clinic being held by the North Carolina Blind Commission. Lists of school children who have not attended school regularly are being made up by the school officials so that a plan may be worked out for attacking the school-attendance problem.

Children with behavior problems are being referred to the child-welfare worker and case-work methods are being applied in an effort to work out their adjustment.



STATUS OF SOCIAL-SECURITY PLANS 1937-38

On July 22, 1937, the first plan for child-welfare services submitted by the Territory of Hawaii was approved by the Children's Bureau, and on July 31 a plan for South Carolina was approved for the first time. Child-welfare plans for the fiscal year beginning July 1, 1937, have been approved for a total of 35 States, and plans for 9 other States are under review. Forty-four States and the District of Columbia were cooperating with the

Children's Bureau under plans approved in the fiscal year ended June 30, 1937.

By August 10 the number of maternal and child-health plans approved was 45, and the number of plans approved for services for crippled children was 29. Most of these plans were approved for the first quarter only, approval for the remainder of the year being held for final detailed review of the budgets submitted as part of the plans.

BOOK AND PERIODICAL NOTES

(Social-Security Program for Children)

Proceedings of Milwaukee convention of I.S.C.C. The June issue of the *Crippled Child* is devoted to the Proceedings of the Sixteenth Annual Convention of the International Society for Crippled Children, held in Milwaukee, May 9-13, 1937.

The social content of work for crippled children is discussed from the standpoint of the psychiatric social worker by Charlotte Towle, of the School of Social Service Administration, University of Chicago, and from the standpoint of social-security administration by Edith Baker, of the Crippled Children's Division of the Children's Bureau. Other papers included are Social aspects of the orthopedic treatment of crippled children, by Edwin W. Ryerson, M.D.; Problems in the prevention of poliomyelitis, by Paul Harmon, M.D.; Prevention and control of arthritis, by Joseph L. Miller, M.D.; Accomplishments for crippled children under the Social Security Act, by Robert C. Hood, M.D.; Discovering and enumerating crippled children, by Frances E. Shirley; Preventive activities of organized health agencies in a crippled children's program, by Surgeon C. C. Applewhite; and several articles on vocational training and placement of physically handicapped children.

MEDICAL SOCIAL ASPECTS INVOLVED IN PROBLEMS OF THE CRIPPLED CHILD, by Margaret W. Wagner. *Hospitals* (Journal of the American Hospital Association), vol. 11, no. 3 (March 1937), pp. 66-69.

The work of the medical social worker in treating the social aspects of the problem presented by crippled children is described in this article. The author expressed the hope that the Social Security Act may make it possible for the medical social worker to do for crippled children in isolated rural areas what she is doing now in the hospital or specialized agency.

INVESTIGATION AND TEACHING IN THE FIELD OF THE SOCIAL COMPONENT OF MEDICINE, by George R. Minot, M. D., S.D., F.R.C.P. Edin. *Bulletin of American Association of Medical Social Workers*, vol. 10, no. 2 (April 1937), pp. 9-18.

Dr. Minot, who is Professor of Medicine, Harvard University, and Director, Thorndike Memorial Laboratory, discusses the importance of research in the field of medical social work, some

aspects of the investigative approach, and material available to the investigator and teacher. He concludes: "A need today is to establish a better balance between the power of natural science and the backwardness of social science. The social component of medicine needs thorough exploration and must be taught from knowledge of the past as a platform from which to make advances in the future."

THE ROLE OF THE PUBLIC-HEALTH NURSE IN SERVICES FOR CRIPPLED CHILDREN, by Naomi Deutsch, R.N. *Public Health Nursing*, vol. 29, no. 6 (June 1937), pp. 350-358.

The increasingly important role played by the well-qualified public-health nurse in programs for crippled children is described. The article also includes a list of schools for physical-therapy technicians conforming to the standards adopted by the American Medical Association in 1936.

MATERNAL AND CHILD-HEALTH AND CRIPPLED CHILDREN'S PROGRAMS UNDER THE SOCIAL SECURITY ACT, by Doris A. Murray, M.D. Reprinted from *New England Journal of Medicine*, vol. 217, no. 3 (July 15, 1937), pp. 94-97. Single copies available while the supply lasts from the Children's Bureau, Washington, D.C.

Dr. Murray describes the purpose and organization of the maternal and child-health and crippled children's programs and points out the desirability of having technical advisory committees composed of members of medical, nursing, and dental societies to confer with the official State agency. In addition to technical committees, most of the States have appointed a general advisory committee which includes representatives of citizens' groups. In connection with the work for crippled children Dr. Murray stresses the importance of making the program a cooperative undertaking among official State agencies such as departments of welfare, health, education, and vocational training.

WHY SOCIAL SECURITY? Publication No. 15, Social Security Board. Washington, 1937. 32 pp.

This brief account of the development of measures for social security was written by Mary Ross of the Bureau of Research and Statistics and illustrated by Hendrik Willem Van Loon to express his own personal interest in the development of social security in the United States.

MATERNAL, INFANT, AND CHILD HEALTH

HEALTH CONDITIONS IN PUERTO RICO STUDIED

The Puerto Rico Journal of Public Health and Tropical Medicine for June 1937 (vol. 12, no. 4, San Juan, P.R.) contains the first of a series of Puerto Rican health and socio-economic studies, entitled "Health and Economic Conditions on a Sugar-Cane Plantation" (pp. 405-490). The introduction states that "The creation of a health Division within the Puerto Rico Reconstruction Administration to cope with the health and sanitary problems involved in the several P.R.R.A. projects, and to take care of the physical examination and medical treatment of its workers, has given us the unique opportunity to study the health and socio-economic conditions in the rural sections of Puerto Rico."

Studies covering the sugarcane, coffee, citrus fruit, and tobacco regions have been under way for 18 months. The present report covers existing conditions in a sugarcane area only. The substance of the summary is given below:

The area surveyed is a middle-sized, absentee-owned sugarcane plantation in southeastern Puerto Rico. It includes 16.1 percent of the rural population of 3 municipalities, a population which is very stable, predominantly colored, and very young. Children under 5 years constitute 16.7 percent of the population in the area surveyed, a proportion considerably higher than that in the population of the United States as a whole (9.3 percent).

Most of the houses are wooden, roofed with galvanized iron. Nearly three-fifths have a floor area of 100 to 299 square feet, and approximately one-half have from one to four exterior doors or windows. Half of the houses are the property of the families and two-fifths are the property of the Central Lafayette (a sugar mill owned by the Puerto Rico Reconstruction Administration). More than half of the population live in houses of only two rooms. Forty-three percent of the houses do not have sanitary conveniences of any kind. About one-third of the families have water piped to the house and the rest use water from shallow wells, rivers and streams, and rain water.

Most of the people have only black coffee or coffee with milk for breakfast, codfish and vegetables for lunch, and rice and beans for dinner. Forty percent of the families do not use milk in their daily diets, and the consumption of milk for those consuming it averages two-fifths of a pint per person per day.

The most prevalent diseases are malaria, gastrointestinal disorders, and tuberculosis. The highest mortality recorded in the three municipalities is from these causes. The death rate from diarrhea and enteritis is shown separately for children under 2 and for persons 2 years of age and over and is very high in both cases. In two of the districts the mortality from malaria is more than double the average mortality for Puerto Rico from the same cause. More than three-fifths of the sick persons found in the area were not receiving medical care of any kind.

The family constitutes the labor unit dependent upon the Central Lafayette for its existence. Three-fifths of the families are composed of five members or fewer; the average size of families is 5.1 members. Seventy-nine percent are normal families consisting of man and woman, or man, woman, and children with or without other person.

Of the married persons 15 years of age and over, 54 percent had a civil or church marriage and 46 percent a consensual marriage (natural union).

More than two-fifths (43.5 percent) of the persons under 15 years of age are illegitimate. The percentage of illegitimacy is 58.2 among children under 1 year of age, and 52.2 among children 1 to 4 years of age.

Thirty-seven percent of the persons 10 years of age and over had never attended school; 39 percent had completed one to four grades; 16 percent had completed four to seven grades; and only 8 percent had completed the eight grades of elementary school.

Of the total number of workers on wages, 80 percent are unskilled farm laborers and 20 percent skilled and semiskilled workers. The former work an average of 34.1 weeks and the latter 39.9 weeks during the year. Only 10 percent of the farm laborers and 41 percent of the skilled workers had work during the whole year. The average annual income from wages for the farm laborers is \$119.34 and for the skilled group, \$349.52. The average annual income per family for all the families in the area is \$259.43 and the average annual income from wages for all wage-earners, \$165.38.

Nearly two-thirds of the expenditures are for food and there are budgetary deficiencies fluctuating from 7 to 75 percent for all families earning less than \$6 per week.

One-fourth of the families have garden plots and more than four-fifths own property of one kind or another. More than four-fifths of the families in the wage-earners' group have accumulated debts, two-thirds of which were incurred for food.

BOOK AND PERIODICAL NOTES

A. General Child Health

THE HEALTH STATUS AND HEALTH EDUCATION OF NEGROES IN THE UNITED STATES. Yearbook Number, VI, *Journal of Negro Education*, vol. 6, no. 3 (July 1937), pp. 281-587.

An article, Infant and Maternal Mortality Among Negroes, by Elizabeth C. Tandy, Sc.D., presents in detail the available statistics with respect to infant and maternal mortality among Negroes as distinct from other races. It reviews the present situation in detail and indicates the general trend of mortality throughout the period of record, from 1915 through 1935. Reprints of Dr. Tandy's article are available from the Children's Bureau, Washington, while the supply lasts.

The same issue contains the Health-Education Program of the Children's Bureau, with particular Reference to Negroes, by Katharine F. Lenroot. Reprints of this article also are available from the Children's Bureau. Other articles dealing particularly with maternal, infant, and child health among Negroes include: The Incidence of Physical Defects in Negro Children, by Alonzo de Grate Smith, M.D., and Nolan A. Owens, M.D.; Special Health Problems of Negroes in Rural Areas, by Hildrus Poindexter, M.D.; and several articles on health education in Negro schools and colleges.

CHILDHOOD. Edited by the Parent Education Committee of the Association for Childhood Education. Houghton, Mifflin Co., Boston, 1937. \$18.50.

This set consists of five handbooks on child health and education planned "for parents and in the critical and formative beginning years and beyond."

Volume 1, Health (298 pp.), is by Richard M. Smith, M.D., and Douglas A. Thom, M.D., and covers the physical, mental, and emotional health of the child in infancy and later.

Volume 2, Play (256 pp.), by Rose Alschuler, Winnetka Public School Nursery Unit, and Christine Heinig, Child Development Institute, Teachers College, Columbia University, carries the subtitle, "The child's response to life," and contains suggestions useful especially to parents of children from 2 to 7 years of age or older.

Volume 3, Nature (288 pp.), is by Bertha Stevens and is intended to show parents how to interest

their children in plant and animal life, stars, stones, and everyday phenomena.

Volumes 4 and 5, Stories and Verse, and Songs From Many Lands (With Music), are intended for the use of the children themselves. The song book (80 pp.) is edited by Thomas Whitney Surette, Mus.D., founder and director of the Concord Summer School of Music. The folk songs included are selected for the dual purpose of developing good musical taste and providing enjoyment. The publishers state that a number of them have never been published before in this country. Stories and Verse (288 pp.) includes stories for children as young as 3 or 4 years and as old as 8 or 9. The format and, in the volumes intended for the use of children, the pictures are designed to appeal to children.

B. Mortality Statistics

PREMATURE INFANTS; a clinical study of 432 infants born prematurely, by W.W. Waddell, Jr., M.D., C.W. Purcell, M.D., and W.S. Wray, M.D. *Southern Medical Journal*, vol. 30, no. 5 (May 1937), pp. 535-545.

Every infant weighing 2,500 grams or less and breathing when admitted to the nursery of the University of Virginia Hospital during the period of this study was included. Of the 432 infants, 92 died within the first 24 hours after birth, and 5 within the second 24 hours, a mortality of 22.4 percent within the first 48 hours. The mortality percentage of the group of infants surviving the first 48 hours was 14.6. The authors discuss the feeding and care of the infants in some detail.

IMPROVEMENTS IN MORTALITY AMONG YOUNG AND OLD. *Statistical Bulletin* (Metropolitan Life Insurance Co., New York), vol. 18, no. 4 (April 1937), pp. 6-9.

The remarkable decrease in mortality rates among Metropolitan industrial policyholders has taken place mainly in the age group 1 to 4 years, where the decline has been approximately 75 percent since 1916, this article states. This is attributed chiefly to the success of medical science and practice in dealing with diseases peculiar to children--diarrhea and enteritis and the communicable diseases. Deaths from these causes have been reduced in the past 20 years by as much as 90 percent. The improvement in mortality since 1916 for children of ages 5 to 15 has amounted to about 50 percent.

B. Nutrition

THE AVITAMINOSES, by Walter H. Eddy, Ph.D., and Gilbert Dalldorf, M.D. Williams & Wilkins Co., Baltimore, 1937. 338 pp. \$4.50.

This book is the result of 8 years of collaboration on the part of a biochemist and a pathologist in the study of the diseases related to vitamin deficiencies. Each of the known vitamins is discussed as to nature and function, anatomical and clinical manifestations of deficiency, and sub-clinical deficiencies. Chapters are devoted to beriberi, pellagra, scurvy, rickets, vitamins in relation to resistance to infection, vitamins and blood regeneration, and the results of multiple dietary deficiencies. The exclusive literature on vitamins has been condensed and presented in readily accessible form. Methods of assaying vitamin sources and of studying the avitaminoses are described. The arrangement makes it possible for the physician, the pathologist, the research worker, or the nutritionist to locate readily the material of greatest interest to his field.

THE PLACE OF THE NUTRITIONIST IN THE PUBLIC-HEALTH PROGRAM, by Wilson G. Smillie, M.D. *Journal of the American Dietetic Association*, March 1937, pp. 527-536. Single reprints available free from the Children's Bureau, Washington, D.C., while the supply lasts.

In this article the author points out that "The subject requires the careful attention of public-health officials because of the fact that infants and young children are the groups that are most seriously affected by nutritional deficiencies. Thus the important issue in relation to nutrition that health-department executives in the United States must face, is the necessity for adequate provision of optimum food requirements for each individual in the community during the period of growth and development, and the dispersion of knowledge in the community concerning suitable utilization of proper food elements."

THE DIET DURING PREGNANCY AND THE NURSING PERIOD, from the clinic of Dr. Harold M. Teel and Bertha S. Burke. *Medical Clinics of North America* March 1937 (Boston number), pp. 547-561.

An obstetrician and a nutritionist review the needs for individual dietary essentials during pregnancy and lactation. This is followed by a discussion of the practical aspects of instructing

women as to their daily food requirements, and as to the importance of rest, sleep, and exercise in the establishment of good nutrition.

MALNUTRITION, A CRIPPLING PROCESS, by Lydia J. Roberts. *Crippled Child*, vol. 14, no. 6 (April 1937), pp. 148-150.

The importance of nutrition in any program for child betterment, is stressed in this article not only to prevent the development of certain deformities but also to help in correcting defects during the period of growth.

WHAT MOTHERS WANT TO KNOW ABOUT CHILD NUTRITION, by Dorothea Nicoll. *Commonwealth* (Massachusetts Department of Public Health), vol. 23, no. 4 (October, November, December, 1936), pp. 230-232.

In this article a nutritionist summarizes the questions asked most frequently during interviews with 1,200 mothers of preschool children in connection with well-child conferences held by the Massachusetts Department of Public Health in 1936. Nearly all mothers want to know what foods will promote the best physical development of their children and why certain recommended foods (such as cod-liver oil) are important. Many mothers ask how to supply what they know the children need within the limit of the family food budget. Other common questions deal with how to develop good food habits in children, whether it is desirable to force children to eat foods they dislike, whether eating between meals is ever justifiable. Mothers of children who deviate from average weight for age and height wish to know what to do about it. Mothers of children on special therapeutic diets ask for help in carrying out the physician's recommendations in connection with preparation of meals for the entire family.

THE INTERNATIONAL CAMPAIGN FOR BETTER NUTRITION, by F. G. Boudreau, M.D. Reprinted from *Milbank Memorial Fund Quarterly*, vol. 15, no. 2 (April 1937), pp. 103-120.

Dr. Boudreau, who was appointed executive director of the Milbank Memorial fund April 1, 1937, was formerly on the staff of the League of Nations. This paper outlines the international aspects of problems on nutrition, with emphasis on the need for national action and on the value of international agreement on programs of research, on methods tending to make the results comparable, and on matters of social and economic policy.

SOCIALLY HANDICAPPED CHILDREN

RESEARCH AND READING NOTES

Statistics on juvenile delinquency available

A report recently published by the Children's Bureau contains Juvenile Court Statistics for the year ended December 31, 1934, and Federal Juvenile Offenders for the year ended June 30, 1935 (Publication No. 235, Washington, 1937; 106 pp.). The first part of this report represents the Children's Bureau's annual compilation of delinquency cases dealt with by juvenile courts over a large registration area.

Preliminary figures for 1935 not yet published indicate a slight decrease compared with 1934 in the number of juvenile-delinquency cases dealt with by 64 courts serving areas with more than 4,500,000 children of juvenile-court age. Statistics over a 9-year period, 1927 to 1935, are available for 18 of these courts. These show a smaller number of cases in 1935 than in any previous year of the period, and indications for 1936 are that this trend is continuing. The 1935 figure shows a decline from the peak year (1930) of 19 percent in boys' cases and 31 percent in girls' cases. Figures based on finger-print records of persons arrested for State and local offenses, compiled by the Department of Justice, show a shift from 19 years in 1935 to 22 years in 1936 in the age most frequently reported.

Child Welfare League issues new pamphlets

A series of small mimeographed pamphlets dealing with various forms of social service have been issued in convenient form by the Child Welfare League of America (130 East 22nd St., New York, 1937, 15 cents each). "Social Aspects of Child Adoption," by Sophie Van S. Theis, discusses the social implications and psychological factors in child adoption and reminds the worker engaged in child placement of the need for security in a permanent home for every child who has no family with which he keeps up a relationship and who is legally eligible for adoption. This and "Legal Aspects of Adoption," by Judge James Hogè Ricks, are addresses given at the Eastern Regional Conference of the Child Welfare League of America, New York City, May 1, 1937.

Two others of the series—"The Use of Foster

Boarding Homes in the Treatment of Problem Children," by Mrs. Martha J. Fritsch, and "Planning for the Unmarried Mother," by Marjory Embry, are addresses given at the Southern Regional Conference of the League, New Orleans, March 4, 1937. Miss Embry's paper classifies the needs of unmarried pregnant girls under three headings, medical, social, and emotional or psychological, and suggests that future plans for these girls and for their children be considered in relation to these needs.

The fifth pamphlet, "A Symposium: Case-Work Programs in Day Nurseries," consists of five papers presented at the Twentieth Biennial Conference of the National Federation of Day Nurseries, New York, April 1937.

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BOOK AND PERIODICAL NOTES

YOUTH IN THE DEATH CELL, by Harry Manuel Shulman. *Better Times*, vol. 18, no. 36 (June 7, 1937), pp. 17-18.

The records were analyzed of three 17-year-old boys, three 18-year-olds, and one 19-year-old condemned to death in New York State for group robberies involving homicide. "None of these boys had received clinical study or treatment," comments the author.

A HISTORICAL SUMMARY OF STATE SERVICES FOR CHILDREN IN OHIO. Children's Bureau Publication No. 239, Part 1. Washington, 1937. 38 pp.

The development of State services for children in Ohio is here presented for the use of students of public-welfare administration. The picture given is of Ohio in February 1934, when an extended field visit was made to the State. Material changes have occurred during the past few years in organization and services in Ohio, as the foreword of the report points out, but the present program has developed from past experience.

This study was carried on in several States, and the report for each State will be issued separately.

OF CURRENT INTEREST

Director appointed for Committee on Social Security

Announcement was made in June by the Social Science Research Council of the appointment of Dr. Paul Webbink as Director of Staff of the Committee on Social Security with headquarters in Washington, D.C. (Bureau correspondence.)

Health examination for domestic servants in North Carolina

A new law adopted by North Carolina (Laws 1937, p. 901) requires domestic servants presenting themselves for employment to furnish a health certificate from a practicing physician or the county public-health officer, certifying that they have been examined within 2 weeks and are free from all contagious,

infectious, or communicable diseases. Such certificate must show that the person does not have any venereal disease which might be transmitted, or tuberculosis in an infectious stage. Employed domestic servants must be examined once a year or as often as the employer may require.

Youth Exhibition in Rome

A communication from the Italian Ambassador to the United States Secretary of State announces the holding of a National Exhibition of Summer Camps and Youth Welfare in Rome from June 20 to September 30, 1937. The announcement states that this exhibition "will give a complete idea of what is being done in Italy to foster the moral and physical health of the younger generation."

CONFERENCE CALENDAR

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| Aug. 15-21 | National Medical Association. St. Louis, Mo. | ton, D.C., Sept. 28, special session on youth. |
| Aug. 29-Sept. 1 | National Conference of Catholic Charities. St. Paul, Minn. | Sept. 27-30 |
| Aug. 31-Sept. 7 | World Youth Conference. Under auspices of Federation of League of Nations Societies. Geneva. | Fourth International Pediatric Congress. Home, Italy. Secretariat: Clinica Pediatrica, Policlinico, Rome. |
| Sept. 13-17 | American Hospital Association. Atlantic City, N.J. | Oct. 5-8 |
| Sept. 23-26 | Second International Congress for the Protection of Childhood. Rome, Italy. | American Public Health Association. Sixty-sixth annual meeting, New York. Information: A.P.H.A., 50 West 50th St., New York. |
| Sept. 26-29 | National Council of Catholic Women. Seventeenth annual convention, Washing- | Oct. 20-23 |
| | | National Association for Nursery Education. Biennial conference, Nashville, Tenn. Subject: Safeguarding the early years of childhood. |

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